



Connecticut Council of Child and Adolescent Psychiatry
Yale University Child Study Center

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From: Laine Taylor, D.O., M.B.A.- representing Connecticut Council on Child and Adolescent Psychiatry and Yale University Child Study Center

To: Members of the Public Health Committee

Thank you for hearing our testimony regarding SB 246 regarding insurance coverage of telemedicine services. My name is Dr. Laine Taylor and I am here representing two organizations; the Connecticut Council of Child and Adolescent Psychiatry and Yale University Child Study Center. As a physician, advocate for children and families, and a constituent, I thank you for considering this bill introduced by Senator Fasano.

Telemedicine is a treatment modality that has been used nearly 4 decades within healthcare for the delivery of direct patient care and for consultation between specialties. Many of my colleagues and I have had experience in this medium in the delivery of psychiatric services. We speak to you today in support of SB 246.

Telemedicine allows access to medical care to the underserved populations of the rural and urban areas of Connecticut. It assists in closing the medical access gap within Connecticut for those with insurance by making highly skilled medical professionals available to individuals who would otherwise be excluded from care due to their location within the state. As a Child and Adolescent Psychiatrist, I have first hand experience with the barriers to care for my patients. Many families travel long distances to be seen by a child psychiatrist or to receive the recommended level of outpatient care. This is a fact becoming more evident to members of our state government as evidenced by legislative and executive efforts over the last 2 years to expand mental health services access for children, adolescents, and their families. Thank you for all of your hard work. We ask that this bill be considered a part of those efforts.

CCCAP and Yale Child Study Center support legislation for telemedicine broadly and, as a result, for telepsychiatry specifically. There is great evidence in support of telepsychiatry increasing access, reducing medical costs and having equivalent efficacy to face-to-face interventions. A review of cost savings in multiple settings was performed by Deschlich, et al stating:

“The effect of telepsychiatry on treatment costs has been examined with mixed results. Rural areas have appeared to reap significant benefits in the reduction of costs for providing psychiatric treatment via telepsychiatry. In fact, Spaulding et al. found that the implementation of telepsychiatry reduced costs by more than 70 percent. Other studies have found a 40 percent reduction in costs of providing psychiatric services via telepsychiatry versus face-to-face treatment. Rabinowitz et al. likewise found a substantial savings, around \$30,000, for 278 telepsychiatry visits to nursing home residents.”

This communication modality has great utility and would support existing mental health legislation. Specifically, PA 13-3 and PA 13-178 were developed to address the access gap for the children of Connecticut. We believe that the inclusion of SB 246 will enhance care. Telemedicine will increase the availability of Child Psychiatrists and other medical specialties to families and children in the rural and urban areas of our state. It will facilitate consultation to primary care clinicians who serve our patient population. In addition to enhancing our state laws, this telemedicine bill as it pertains to psychiatry, helps the state reach the goals of access and reimbursement parity as discussed in the Mental Health and Addictions Parity Act of 2010.

The Connecticut Council of Child and Adolescent Psychiatry has evaluated several active pilot programs in telepsychiatry, including those funded by Value Options of Connecticut at the Yale Child Study Center. To this point, the pilot programs within our state have already shown great utility in increasing access to healthcare within Connecticut. Additionally, the programs have improved coordination of care and facilitated consultation between primary care clinicians and medical specialists. Telemedicine has proven efficacy equivalent to face-to-face encounters as a prevention and treatment modality across the nation and within our state. Setting rates equivalent to face-to-face reimbursement will promote the use of this medium for healthcare delivery, thereby increasing access to medical care. Within my specialty, parity in reimbursement will increase the enrollment of child psychiatrists to private insurance panels.

The Connecticut Council on Child and Adolescent Psychiatry and Yale University Child Study Center recommend the following adjustments to SB 246:

- 1) We would like to specifically request that the definition of telemedicine include use of telephone for consultation facilitation, but to not include facsimile. This is important as we consider this modality for equivalent rates to face-to-face medical visits.

1. We recommend that the following language be removed from this bill: “the telemedicine provider to have previously personally seen and examined the patient or be providing telemedicine services at the request of a Connecticut licensed health care provider who has personally seen and examined the patient.” The limitation of requiring a face-to-face encounter restricts the use of this modality for many patients and limits the evolution of this healthcare interface. In lieu of this aspect of the law, we recommend considering greater transparency regarding who is providing the telemedicine care. It is the responsibility of the Connecticut licensed provider to practice medicine that meets our state’s high standards of care.

Thank you for your time and consideration of our recommendations and for considering SB 246.